evised December 1974

2ick up Address:

Telephone Number: (Order Placed By Type of Process which Produced Wastes:

Check type of wastes:

3. Pesticides

5. Solvent Other (Specify) Components:

4. Paint sludge

organics (list), cyanide)

1. Acid solution

2. Alkaline solution

PRODUCER OF WASTE (Must be filled by producer)

DESCRIPTION OF WASTE (Must be filled by producer)

Examples: Hydrochloric acid, time, caustic soda,

☐ none

phenolics, solvents (list), metals (list),

Hazardous Properties of Waste:

pH

6. Tetraethyl lead sludge

7. Chemical toilet wastes

8. Tank bottom sediment

10. Drilling mud

toxic

(CITY)

P.O. or Contract No.:

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

STATE DEPA

D.O.T. Proper Shipping Name_

STATE DEPARTME	ENT OF HEALTH SFUND RECORDS CTR
	HAULER OF WASTE (Must be filled by hauler) 999000667
LA OSS 952 PA	ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 Relation of the control o
LA 055 957 PA Date: 8-17-78	Pick Up: 8-1>-78 Time:am_ CDATE: 15 State Liquid Waste Hauler's Registration No. (if applicable):15
leading oil drilling CODE NO.	Job No.:
leaning, oil drilling — CODE NO. letroleum refining)	Vehicle: A vacuum truck OO barrels, ☐ flatbed, ☐ other
	The described waste was hauled by me to the disposal facility named below and was accepted.
11. Contaminated soil and sand	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
12. Cannery waste	DISPOSER OF WASTE (Must be filled by disposer)
13. Latex waste	
14. Mud and water	Name (print or type): Size Address: Operating continue code No.
15. Brine	Site Address.
CODE NO.	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
Concentration: Lower % ppm	Quantity measured at site (if applicable):State fee (if applicable):
	Handling Method(s):
	☐ recovery
	treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
	(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
	other (specify):
	If waste is held for disposal elsewhere specify final location: Disposal Date: 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	I certify (or declare) under penalty of perjury
□ corrosive □ explosive	that the foregoing is true and correct.
arrels 12 gal.) Other	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
ags 🗆 other	
(SPECIFY)	
udge other (SPECIFY)	
to a licensed liquid waste hauler (if	
	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
· //	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

00 barrels other ______ ☐ tons A (42 gal.) 🔲 gal **Bulk Volume:** drums cartons ☐ bags other 🗆 Containers: sludge solid 🖳 liquid **Physical State:** Special Handling Instructions (if any): _ The waste is described to the best of my ability and it was delivered to a licensed liquid waste haul pplicable). certify (or declare) under penalty of perjury hat the foregoing is true and correct.

☐ flammable